College of Electrical Training

Merchant No. 561057 6011 559943 6
CET BALCATTA WA

Credit Card Payment Authority

Description of Purchase:

_____

Student Name _____

Please debit my *(please tick)* MasterCard ☐
Visa Card ☐
Bankcard ☐

Account in the Name of:

_____

Card No.:

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Card Expiry Date _____/_____

Security Code (last 3 digits on back of card) _____

For the amount of: $_____:___

Amount in words: _____

_____

_____ ____/____/____
(Cardholder's Signature) (Date)

College of Electrical Training

PO Box 811
BALCATTA WA 6914
Ph: (08) 9240 7700
Fax: (08) 9240 4349

PO Box 3857
Success WA 6964
Ph: (08) 9417 8166
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